



PART B - FEE(S) TRANSMITTAL

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24998

7590

02/19/2004

DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP
2101 L STREET NW
WASHINGTON, DC 20037-1526

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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/694,759	10/29/2003	Eric R. Fossum	M4065.0806/P806-A	5760

TITLE OF INVENTION: ~~HIGH-SPEED DIGITAL TO ANALOG CONVERTER USING MULTIPLE STAGGERED SUCCESSIVE APPROXIMATION CELLS~~
Analog to

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	05/19/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
MAI, LAM T	2819	341-162000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. **Use of a Customer Number is required.**

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Dickstein Shapiro
Morin & Oshinsky LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Micron Technology, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Boise, Idaho

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee
- ☒ Advance Order - # of Copies 5

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- ☐ A check in the amount of the fee(s) is enclosed.
- ☒ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 04-1073 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) _____ (Date)

Thomas J. D'Amico, Reg. No. 28,371 5/19/04

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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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05/20/2004 HVU062 00000132 10694759

01 FC:1504
02 FC:1501
03 FC:8001300.00 OP
1330.00 OP
15.00 OP

TRANSMIT THIS FORM WITH FEE(S)



FEE TRANSMITTAL for FY 2004 <small>Effective 10/01/2003, Patent fees are subject to annual revision.</small>		Complete if Known		
		Application Number	10/694,759-Conf. #5760	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	October 29, 2003	
		First Named Inventor	Eric R. Fossum	
		Examiner Name	L. T. Mai	
TOTAL AMOUNT OF PAYMENT (\$)		1,645.00	Art Unit	2819
		Attorney Docket No.	M4065.0806/P806-A	
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)		
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES		
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 04-1073 Deposit Account Name: Dickstein Shapiro Morin & Oshinsky LLP		Large Entity Small Entity		
The Director is authorized to: (check all that apply)		Fee Code Fee (\$)		
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments		Fee Code Fee (\$)		
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)		Fee Description		
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		Fee Paid		
FEE CALCULATION				
1. BASIC FILING FEE				
Large Entity Small Entity				
Fee Code Fee (\$)				
1001 770 2001 385		Utility filing fee		
1002 340 2002 170		Design filing fee		
1003 530 2003 265		Plant filing fee		
1004 770 2004 385		Reissue filing fee		
1005 160 2005 80		Provisional filing fee		
SUBTOTAL (1) (\$)		0.00		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE				
Total Claims 14 -20** =		Extra Claims Fee from below Fee Paid		
Independent Claims 2 -3** =				
Multiple Dependent				
Large Entity Small Entity				
Fee Code Fee (\$)				
1202 18 2202 9		Claims in excess of 20		
1201 86 2201 43		Independent claims in excess of 3		
1203 290 2203 145		Multiple dependent claim, if not paid		
1204 86 2204 43		** Reissue independent claims over original patent		
1205 18 2205 9		** Reissue claims in excess of 20 and over original patent		
SUBTOTAL (2) (\$)		0.00		
**or number previously paid, if greater; For Reissues, see above				
SUBMITTED BY		(Complete (if applicable))		
Name (Print/Type) Thomas J. D'Amico		Registration No. (Attorney/Agent) 28,371		
Signature		Telephone (202) 828-2232		
		Date May 19, 2004		